

BEST AVAILABLE COPY BEC

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4							54	/		
5		/					55	/		
6							56	/		
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45							95			
46							96			
47							97			
48	/	/					98			
49		/					99			
50		/					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			